

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000885		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/04/2026	
NAME OF PROVIDER OR SUPPLIER Nexus at Columbia				STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE , COLUMBIA, Illinois, 62236			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Initial Comments		S0000				
	First Probationary Licensure Survey:						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	1 of 2						
	300.610a)						
	300.696b)						
	Section 300.610 Resident Care Policies						
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.						
	300.696 Infection Prevention and Control						
	b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 Diseases Code, and the Control of Sexually Transmissible Infections Code. This requirement was NOT met, as evidenced by: Based on interview and record review, the Facility failed to use the necessary personal protective equipment (PPE) to prevent the spread of infectious organisms while handling soiled laundry. This has the potential to affect all 105 residents living in the Facility. Findings include: On 2/4/26 at 8:25 AM, V14, Laundry Aid, stated she wears gloves when handling soiled laundry, but does not wear a gown. Soiled laundry from residents on contact isolation precautions is placed in the same type of bags as the laundry from residents who are not on isolation precautions. It is up to the Certified Nursing Assistants (CNAs) to tell laundry aids the bags are isolation bags so those items can be washed separately. V15, Laundry Aid, stated the Facility no longer uses colored bags to distinguish isolation laundry, so staff have to tell them if the bag is from an isolation room. On 2/4/26 at 8:45 AM, V7, CNA, stated soiled laundry, including laundry from residents on isolation, is bagged up and left in the shower room. The laundry department comes down to the shower room to get it. There used to be a different bag to show it was from an isolation room, but not anymore. On 2/4/26 at 9:05 AM, V4, Infection Preventionist, stated she would expect staff to wear a gown and gloves when handling any resident's soiled laundry. On 2/4/26 at 2:23 PM, V2, Director of Nursing (DON), stated she expects all laundry to be handled like isolation laundry and gown and gloves to be worn. The Facility's "Departmental (Environmental Services) – Laundry and Linen" Policy, revised August 2014, documents, "Employees sorting or washing linen must wear a gown and gloves."			S9999			

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S9999	Continued from page 2 The Facility's "Transmission Based Isolation Precautions" Policy, revised 3/2024, documents gowns are to be worn when entering the rooms of residents on contact precautions if the potential for clothing to become contaminated exists. The Facility's CMS 802 Matrix, dated 2/3/26, documents there are 105 residents living in the Facility. (C) 2 of 2 300.610a) 300.650c) 300.650d) 300.660a) 300.660b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.		S9999				

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S9999	Continued from page 3 d) The facility shall check the Health Care Worker Registry for the work eligibility status of all applicants who are under the jurisdiction of the Healthcare Worker Background Check Act prior to hiring. Section 300.660 Nursing Assistants a) A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, nurse aide unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer. b) The facility shall not employ an individual as a nursing assistant if that individual is not on the Health Care Worker Registry unless the individual is enrolled in a training program as defined in Section 3-206(a)(5) of the Act. (Section 3-206.01(a) of the Act) PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS (225 ILCS 46/) Health Care Worker Background Check Act: Sec. 5. Purpose. The General Assembly finds that it is in the public interest to protect the citizens of the State of Illinois who are the most frail and who are persons with disabilities from possible harm through a criminal background check of certain health care workers and all employees of licensed and certified long-term care facilities who have or may have contact with residents or have access to the living quarters or the financial, medical, or personal records of residents. Sec. 15. Definitions. In this Act: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database		S9999				

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S9999	Continued from page 4 on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Dietary, and human resources (HR) personnel had been searched on the Illinois Department of Public Health-Health Care Worker Registry (Registry) checked prior to their hire date; failed to complete a search for Illinois Sex Offender, Department of Corrections (DOC) offender, DOC inmate, DOC wanted fugitives, national sex offender and OIG (office of inspector general), and failed to have a copy of nursing license' with verification of IDFP (Illinois Department of Financial and Professional Regulation) prior to or on date of hire for 9 of 10 employees (V23 CNA, V24 CNA, V25 CNA, V26 CNA, V27 CNA, V28 Dietary, V29 Admissions Director, V29 RN, V30 LPN, V31 RN) Findings include: 1.V23 (CNA) has a date of hire documented as 10/16/25. V23's Registry, Illinois Sex Offender and National Sex Offender searches were completed on 2/3/26. V23 had no DOC Offender, DOC Inmate, DOC Wanted Fugitive, or OIG searches documented to be completed. 2.V24 (CNA) has a date of hire documented as 12/18/25. V23's Registry, Illinois Sex Offender and National Sex Offender searches were completed on 2/3/26. V24 had no DOC Offender, DOC Inmate, DOC Wanted Fugitive, or OIG searches documented to be completed. 3.V25 (CNA) has a date of hire documented as 1/15/26. V25's Registry and Illinois Sex Offender searches were completed on 2/3/26. V25 had no DOC Offender, DOC Inmate, DOC Wanted Fugitive, National Sex Offender, or OIG searches documented to be completed. 4.V26 (CNA) has a date of hire documented as 1/22/26. V26's Registry and National Sex Offender searches were completed on 2/3/26. V26 had no Illinois Sex Offender, DOC Offender, DOC Inmate, DOC Wanted Fugitive, or OIG		S9999				

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S9999	Continued from page 5 searches documented to be completed. 5.V27 (Dietary) has a date of hire documented as 11/5/25. V27 had no Illinois Sex Offender, DOC Offender, DOC Inmate, DOC Wanted Fugitive, National Sex Offender, or OIG searches documented to be completed. 6.V28 (Admissions Director) has a date of hire as 11/10/25. V28's Registry, Illinois Sex Offender, and National Sex Offender searches were completed on 2/3/26. V28 had no DOC Offender, DOC Inmate, DOC Wanted Fugitive, or OIG searches documented to be completed. 7.V29 (RN) has a date of hire as 9/29/25. V29's IDFPR search was dated 2/3/26 and did not have a copy of her license. On 2/4/26 at 1:25 PM, V21 (RNC) handed a copy of V29's IDFPR Certificate of Licensure document and stated they weren't able to get the actual license. 8.V30 (LPN) has a date of hire as 11/17/25. V30's IDFPR search was dated 2/3/26 and did not include a copy of her license. On 2/4/26 at 2:03 PM, V2 (DON) supplied a copy of V30's license. 9.V31 (RN) has a date of hire as 11/21/25. V31's IDFPR search was dated 2/3/26 and did not include a copy of her license. On 2/4/26 at 1:25 PM, V21 (RNC) stated, "We don't have copies of their nursing license in their files now, we are trying to get them." On 2/4/26 at 1:27 PM, V22 (Regional Vice President of Human Resources) stated all employees outside of nurses need a health care worker registry check, also searches for Illinois sex offender, DOC (Department of Corrections) sex offender, DOC inmate, wanted fugitive, national sex offender and OIG (office of inspector general) from their websites before or at the time of hire. V22 stated the "SAM.GOV" search looks for financial issues related to theft. V22 stated he would expect all the background searches to be done on the same date. V22 stated they do quarterly reviews to ensure these are completed but we currently don't have access to the previous employee files since we changed services; they didn't transfer over correctly and are blank. V22 stated they don't have access to them now and can only complete new searches. V22 stated the previous HR director was terminated in December of 2025 and was responsible for these original files. V22			S9999			

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S9999	Continued from page 6 stated background checks are not complete if they don't include all the searches and was not aware these weren't being completed correctly. V22 stated the facility's HR personnel is on vacation and unavailable at this time. On 2/4/26 at 2:40 PM, V21 stated she expects background checks to be done according to policy. The facility's Abuse Policy, last reviewed 9/2017, documented the facility affirms the right of their residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment and this will be done by conducting pre-employment screening of employees. (C)			S9999			